



**Division of Public Health (DPH) Testing Guidance for Long-Term Care Facilities
(05/01/21)**

Purpose: DPH is updating COVID-19 testing guidance for all Skilled and Intermediate Nursing Facilities (SNFs), Assisted Living Facilities (ALFs), and Rest Residential Facilities.

Definitions & Acronym

RT-PCR: Reverse-transcriptase polymerase chain reaction test (i.e., Curative, Nasopharyngeal (NP), Oropharyngeal (OP), anterior nares swab)

POC: Point-of-care test

TBP: Transmission-based precautions

LTC: Long-term care

CDC: Centers for Disease Control & Prevention

Facility staff: Employees, vendors, consultants, contractors, volunteers, and caregivers who provide care and services to residents, and students in a nurse aide training programs or from affiliated academic institutions

Outbreak: A single new COVID-19 infection in any facility staff or any LTC-onset COVID-19 infection in a resident. In an outbreak investigation, rapid identification and isolation of new cases is critical in stopping further viral transmission.

LTC-Onset: A COVID-19 case that originated in the long term care facility, and not cases where the long term care facility admitted individuals with a known COVID-19 positive status, or unknown COVID-19 status, but became COVID-19 positive within 14 days after admission.

Fully vaccinated (against COVID-19) refers to a person who is ≥ 2 weeks following receipt of the second dose in a 2 dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine, per the [CDC's Public Health Recommendations for Vaccinated Persons](#)

Unvaccinated refers to a person who does not fit the definition of "fully vaccinated," including people whose vaccination status is not known, for the purposes of this guidance

Considerations

- DPH may increase the need for routine testing among facility staff and/or residents as deemed necessary. Should this occur, it will be communicated to the facilities via email.
- Prior to their start date, all new staff, vendors and volunteers must be tested for COVID-19 within 7 days of their start date. Individuals who are within their 90-day recovery period from COVID-19 are exempt from this requirement.



- If an individual has previously tested COVID-19 positive and is **within** the 90-day recovery period, testing is **not** recommended*. If an individual has previously tested COVID-19 positive and is **beyond** the 90-day recovery period since the onset of symptoms (or if asymptomatic, test collection date), he or she **MUST** be placed back on the schedule for surveillance testing.
* [CDC currently recommends](#) that asymptomatic residents who have recovered and are within 3 months of a positive test for SARS-CoV-2 infection may not need to be quarantined or tested following re-exposure to someone with SARS-CoV-2 infection. However, there might be clinical scenarios in which the uncertainty about a prior infection or the durability of the immune response exist, for which providers could consider testing for SARS-CoV-2 and quarantine following exposure that occurs less than 3 months after their initial infection, Examples could include:
 - Residents with underlying immunocompromising conditions (e.g., patient after organ transplantation) or who become immune compromised (e.g., receive chemotherapy) in the 3 months following SARS-CoV-2 infection and who might have an increased risk for reinfection. However, data on which specific conditions may lead to higher risk and the magnitude of risk are not available.
 - Residents for whom there is concern that their initial diagnosis of SARS-CoV-2 infection might have been based on a false positive test result (e.g., resident was asymptomatic, [antigen test](#) positive, and a confirmatory nucleic acid amplification test (NAAT) was not performed).
 - Residents for whom there is evidence that they were exposed to a [novel SARS-CoV-2 variant](#) (e.g., exposed to a person known to be infected with a novel variant) for which the risk of [reinfection](#) might be higher.
- Curative tests supplied from state resources may be used **at maximum** once every 7 days per patient. Additional testing supplies will not be supported by state resources for testing frequencies greater than required by DPH.
- For detailed instructions on utilizing POC tests, see DPH [guidance](#).

Testing of SYMPTOMATIC Facility Staff and Residents for COVID-19

	Test Options	Pending results	Results
Symptomatic facility staff	<ul style="list-style-type: none">• POC• RT-PCR using DPHL• RT-PCR (using commercial lab, Curative, etc.)	Isolate	<p>Positive – Exclude from work and refer to DPH guidance for return to work</p> <p>Negative – Exclude from work until cleared using DPH guidance for Management of</p>



			Persons with Suspected COVID-19 Exposure, Discontinuation of Home Isolation and Return to Work. Strongly consider confirmatory PCR if previous test used was antigen POC, at provider discretion.
Symptomatic Residents	<ul style="list-style-type: none">• POC• RT-PCR using DPHL• RT-PCR (commercial lab, etc.)	Isolate and implement CDC guidance on TBP	Positive – Refer to DPH guidance for discontinuation of TBP Negative – Strongly consider confirmatory PCR if previous test used was antigen POC, at provider discretion.

Testing of Facility Staff and Residents in Response to a Facility Outbreak

	Test Options	Frequency	Pending results	Results
Facility Staff	<ul style="list-style-type: none">• Curative• RT-PCR (using commercial lab)• POC*	Upon identification of first positive case in an outbreak, test immediately and then every 7 days*	Continue working and monitoring for symptoms	Positive – Exclude from work and refer to DPH guidance for return to work Negative – Retest all facility staff until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result. *If POC is used for outbreak testing, PCR should be utilized for routine testing as seen below.
Residents	<ul style="list-style-type: none">• POC• RT-PCR (using commercial lab)	Upon identification of a positive case, offer testing immediately and then offer every seven days*	Implement full PPE for facility or create a COVID unit with designated staff	Positive – Isolate and refer to DPH guidance for discontinuation of TBP Negative – Retest all residents until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result.



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* Outbreak Testing: For the initial round of outbreak testing, the long term care facility must include all staff, regardless of vaccination status, that are in the facility at the time of the notification of the positive COVID test and any staff that enter the facility within the next 24 hours. For the next 7 days, all staff that were not tested within the first 24 hours must be tested upon entrance to the facility. In addition, all residents must be offered a COVID-19 test within 24 hours of the notification of the positive COVID test.

Routine Testing for Facility Staff

As of 5/1/2021, routine testing for fully vaccinated staff is no longer required.

Community COVID-19 Activity	County Positivity Rate in the past week*	Testing Frequency for <u>Unvaccinated Staff</u>	Test Options
Low	< 5%	Once every 7 days	<ul style="list-style-type: none">• Curative• RT-PCR with commercial lab
Medium	5% - 10%	Once every 7 days	<ul style="list-style-type: none">• Curative• RT-PCR with commercial lab
High	> 10%	Twice a week	<ul style="list-style-type: none">• Curative• RT-PCR with commercial lab• POC

Consideration: Outside of DPH guidance, facilities may choose to increase testing frequency for certain staff members (i.e. staff living in a county with a higher positivity rate). This decision and associated processing fees are the responsibility of the facility.

Source: Use the following link to check the county positivity rate status at least once every two weeks and continue with prescribed schedule for a minimum of two weeks since the highest county positivity rate date: <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>
(click "here" under COVID-19 Testing, once spreadsheet opens, search Delaware)



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**State Health Operations Center (SHOC) will email each Monday the rate in each county and the minimum required testing frequency for all facilities in each county*

Routine Testing for Residents

As of 5/1/2021, routine testing of fully vaccinated residents is no longer recommended.

Testing Frequency	Test Options
Offer monthly testing to <u>unvaccinated residents</u>	<ul style="list-style-type: none">• POC• RT-PCR using Division of Public Health Lab (DPHL) or private lab

Consideration: Outside of DPH guidance, facilities may choose to increase testing frequency for certain residents (i.e., regular medical appointments such as chemotherapy or dialysis). This decision and associated processing fees are the responsibility of the facility.

RT PCR Options for Routine COVID-19 Testing for Asymptomatic LTC Residents

Option 1	<p><u>Test asymptomatic residents using state resources:</u> An LTC facility may submit a resource request form to the SHOC for nasopharyngeal (NP) / oropharyngeal (OP) / anterior nares swabs. To complete this testing option, the LTC facility must:</p> <ul style="list-style-type: none">• Obtain a practitioner order for each resident undergoing COVID-19 testing, and• Health care professional obtains the NP, OP or anterior nares specimen for each resident. <p>After the specimens have been collected and the lab requisition form completed, the LTC facility can deliver the specimens to the DPHL* in Smyrna for testing. The results will be sent to the ordering practitioner, not to the LTC facility.</p> <p>Division of Public Health Laboratory (DPHL) 30 Sunnyside Road, Smyrna, DE 19977 Use the deposit/drop off flap on side of lab building</p> <p>*LTC facilities that choose to use the DPHL:</p> <ul style="list-style-type: none">• Must be signed up to use the Laboratory Information Management System (LIMS). To do this, send an email to DPH_PAC@delaware.gov requesting access
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	<p>to LIMS. LTC facilities that do not sign up for LIMS will not be permitted to use the DPHL to test their asymptomatic residents; and</p> <ul style="list-style-type: none">• Facility will be assigned a day(s) of the month to bring their specimen(s) so as not to overwhelm the lab with multiple facilities' samples. The schedule will be assigned by DPH/SHOC as facilities sign up for this testing option.
Option 2	<p><u>Test asymptomatic residents using state supplies and a private lab for processing:</u> An LTC facility may submit a resource request form to the SHOC for nasopharyngeal (NP) / oropharyngeal (OP) / anterior nares swabs. The LTC facility can choose to use a private lab for testing. The LTC facility will be responsible for associated costs.</p>
Option 3	<p><u>Test asymptomatic residents using private resources:</u> An LTC facility can choose to use a private lab and supplies for testing. The LTC facility will be responsible for all associated costs.</p>

All LTC facilities must have evidence on file that all asymptomatic residents were offered COVID-19 testing on a monthly basis, as recommended by DPH. A resident who refuses to be tested for COVID-19 shall be informed by the facility of the health risks involved. The reason for the refusal(s) shall be documented in the resident's medical record monthly. Optional form to be used for documentation: [Long-Term Care Residents Consent Declination Form](#)

REPORTING

- 1.) CMS Certified Facilities must continue to report COVID-19 information to the CDC's National Health care Safety Network (NHSN), in accordance with 42 CFR § 483.80(g)(1)-(2). See "Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes," CMS [Memorandum QSO-20-29-NH \(May 6, 2020\)](#).
- 2.) All providers or testing sites must report data and results for ALL COVID-19 diagnostic and screening testing completed. This includes point-of-care molecular, antigen and antibody testing for each individual tested. This data must be reported daily, within 24 hours of having received the test results, to NHSN or DPH. Additional information regarding reporting of tests sent to outside laboratories can be requested through Dhss_Dph_CSVreporting@delaware.gov. Additional information regarding the reporting of point-of-care testing (including antigen testing), which includes a link to the point-of-care test reporting portal, can be requested through DHSS_DPH_RedcapAccess@delaware.gov
- 3.) For any confirmed positive case or person under investigation, notify LTCFresponse@delaware.gov within 24 hours of test date or date when placed under investigation.



- a. Daily COVID-19 Positive Cases Line list submissions are required for the duration of an outbreak at a facility.
- 4.) All facilities shall contact the Office of Epidemiology at LTCFresponse@delaware.gov at minimum once every 7 days to report either that there are no new cases at the facility or to submit COVID-19 Positive Cases Line list.